

Signature Document

AREA AGENCY ON AGING_____

CLOSEOUT PERIOD_____

PSA NO:_____

DATE:_____

- ☐ CDA 180: Title III/VII, IIIE, and CBSP
- ☐ CDA 90: Senior Community Services Employment Program (Title V)
- ☐ CDA 230: Health Insurance Counseling and Advocacy Program (HICAP)

I hereby certify to the best of my knowledge and belief that the Financial Closeout Report is accurate, current, and discloses the financial results of each project or program funded by this Area Agency with Older Americans Act Title III/VII funds, Older Californian's Act CBSP funds , federal and State SCSEP funds, and HICAP funds, as applicable.

SIGNATURE OF AREA AGENCY DIRECTOR		PRINTED NAME		DATE
>		>		
FOR STATE USE ONLY				
AAA-BASED TEAM/FISCAL SPECIALIST	DATE	TEAM COACH		DATE
>		>		

HICAP Financial Closeout Report EXPENDITURE SUMMARY

CONTRACT PERIOD:			CONTRACT NO:			DATE:	PSA #
Cost Category	Column A	Column B	Column C	Column D	Column E	Column F	Column G
	State and Federal (SHIP/MMA) Funds Only				Other Funding		Total All Funds (D,E,F)
	AAA Admin	Direct Services	Contracted Services	Total Columns (A,B,C)	Program Income	Other Funding	
AAA ADMINISTRATION							
1. Personnel							
2. Operating Expenses							
3. Indirect Administration							
4. Total Administration							
HICAP PROGRAM							
5. HICAP Reimbursement							
6. HICAP Fund							
7. HICAP General SHIP							
8. HICAP MMA Supplemental							
9. TOTAL HICAP PROGRAM							
10. TOTAL CLOSEOUT							

HICAP Financial Closeout Report

HICAP CONTRACTED SERVICES EXPENDITURES *

CONTRACT PERIOD:	(A) HICAP Reimbursements	(B) HICAP Fund	(C) HICAP Federal General SHIP	(D) HICAP Federal MMA Supplemental	(E) Program Income	(F) Other Funding	PSA # (G) TOTAL CONTRACTED SERVICES
Contractors:							
Name:							
Address:							
Telephone:							
Contact Person:							
Name:							
Address:							
Telephone:							
Contact Person:							
Name:							
Address:							
Telephone:							
Contact Person:							
Name:							
Address:							
Telephone:							
Contact Person:							
TOTAL HICAP CONTRACTED SERVICES							

* - Include Costs from all funding sources, including MMA Supplemental funds.

HICAP Financial Closeout Report

HICAP MEDICARE MODERNIZATION ACT (MMA) EXPENDITURES*

CONTRACT PERIOD:	CONTRACT NO:	DATE:	PSA #
COST CATEGORIES	(A) Direct MMA Costs	(B) Contracted MMA Costs	(C) TOTAL MMA COSTS
PERSONNEL			
Salaries & Wages			
Staff Benefits			
TOTAL PERSONNEL COSTS			
OPERATING EXPENSES			
Rent/Utilities			
Equipment:			
Purchases/Maintenance			
Computers (include Notebooks)			
Travel:			
Training			
Non-Training			
Other Operating Expenses			
Training:			
Registration Fees			
Materials/Printing			
Printing/Non-Training			
Utilities			
Postage			
Supplies			
General Expense/Insurance/Accounting Services			
Communications			
Advertising/Promotions			
Internet Access			
Consultants			
Volunteer Recognition			
InfoVan Operation Costs			
MIS Database & Software License Fees			
Other:			
TOTAL OPERATING EXPENSES			
INDIRECT COSTS			
TOTAL MMA COSTS			

* - Include Costs from MMA funds only. This is not a separate closeout page for MMA. Include these expenses on Pages 1 and 2, as applicable.